

| POSITION                  | INITIALS | ID NO.     | DATE                 |
|---------------------------|----------|------------|----------------------|
| FEE DETERMINATION         | HC       |            | 61-25-01             |
| O.I.P.E. CLASSIFIER       |          |            |                      |
| FORMALITY REVIEW          | AS       | 535<br>866 | 08-08-01<br>10-31-01 |
| RESPONSE FORMALITY REVIEW |          |            |                      |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date |
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| Final    |      |
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| Claim    | Date   |
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| Final    | 6/7/01 |
| Original |        |
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If more than 150 claims or 10 actions  
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